



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER There's No Place Like Home/ Deborah Vail	LICENSE NUMBER 9501
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

In this home we strive for a family like atmosphere. We strive to provide passionate care for each resident individually as their needs change.

2. INITIAL LICENSING DATE

5/1997

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

Sole proprietor

Limited Liability Company

Co-owned by:

Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

All assistance levels, to including food preparation, therapeutic diet, Supplements and adaptive equipment

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

All assistance levels including bowel and bladder training program, bedside commode, or urinal, one-person transfer, ostomy/catheter care, cleansing, clothing management, disposable pad/brief care, and complete incontinence care.

3. WALKING

If needed, the home may provide assistance with walking as follows:

All assistance levels up to one-person assistance including standby for safety, encouragement or cueing, hands-on guiding, wheelchair propelled, and weight bearing support of 1 person

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

All assistance levels up to one-person assistance including lift assistance.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

All assistance levels up to one-person assistance, encouragement for cueing, help to guide limbs in order to turn or reposistion, support while moving or lifting body part, or complete performance by 1 person assistance

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

All assistance levels up to one-person assistance including set-up, monitor for safety, encouragement, cueing, hands-on assistance to guide through task completion, or complete performance by 1 person

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

All assistance levels up to one-person assistance including monitoring for safety, encouragements, cueing, layout of clothing, help with lower extremities, guiding of limbs, help with mechanical parts of clothing, or complete performance by one person.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

All assistance levels up to one-person assistance including set-up, monitoring for safety, encouragement, cueing, physical assistance, complete performance by one person, or bed bath.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

All care staff have completed Nurse Delegation core training and are able to provide medication assistance and medication administration requiring nurse delegation.
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
The home provides the following skilled nursing services: If the residents medical care provider identifies a need for nursing care and the home is not able to provide the care, the home will assist the resident with contracting with a nurse or home health agency currently licensed in the state of Washington to provide in-home nursing care at the adult family home. (ie Home health)
The home has the ability to provide the following skilled nursing services by delegation: Skilled nursing services which may be considered for delegation and completed by care staff include eye/ear drops, ointments/creams for treatment, bandage changes, blood glucose monitoring, insulin injections, tube feedings, oxygen rate adjustments, suppositories and enemas.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations: Developmental disabilities Mental illness Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040) The provider lives in the home. A resident manager lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home. The normal staffing levels for the home are: Registered nurse, days and times: As needed for nurse delegation _____ Licensed practical nurse, days and times: _____ Certified nursing assistant or long term care workers, days and times: 1-3 people 24 hours a day 7 days a week _____ Awake staff at night Other: The home maintains 24/7 staffing coverage with 1-2 caregivers on site. The home does not provide night time awake care unless specifically state in the residents negotiated care plan. However, a designated staff person

<p>who can make needed decisions is on site full time and is available in case of an emergency or occasional night needs.</p>
<p>ADDITIONAL COMMENTS REGARDING STAFFING</p> <p>The home ensures all staff members meet all of the applicable training and continuing education</p>
<p>Cultural or Language Access</p>
<p>The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)</p>
<p>The home is particularly focused on residents with the following background and/or languages:</p> <p>This home will respect all cultural, religious, and ethnic backgrounds. At this time we only have english speaking staff members.</p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS</p> <p>This home is open minded and willing to learn and respect all different cultures and accommodate for them as needed.</p>
<p>Medicaid</p>
<p>The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)</p> <p>The home is a private pay facility and does not accept Medicaid payments.</p> <p>The home will accept Medicaid payments under the following conditions:</p> <p>If resident converts from private pay to medicaid all paperwork must be filed in a timely manor to not allow any missed payments.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICAID</p> <p>All residents must have current assessments.</p>
<p>Activities</p>
<p>The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).</p>
<p>The home provides the following:</p> <p>Gardening, music therapy, balloon toss, seasonal crafts, brain games, bingo, TV, magazines, housekeeping activities, coloring, board games, puzzles, bird watching</p>
<p>ADDITIONAL COMMENTS REGARDING ACTIVITIES</p> <p>Activities offered are created and based on residents preferences and interests. Residents are encouraged but not required to participate as tolerated. We recognize all holidays and celebrate them in creative ways. Caregivers bring in their children/grandchildren and small pets in for stimulation periodically.</p>

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600